# DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814

January 8, 1985



### ALL-COUNTY INFORMATION NOTICE I-02-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PROGRAM (SSI/SSP)

COST OF LIVING ADJUSTMENTS (COLA)

REFERENCE: ACIN 84-83

This All County Information Notice reflects the new SSI/SSP benefit rates, effective January 1, 1985. (See attached table for new rates.) The January 1985 benefit levels shall be used in determining the IHSS share of cost for those recipients who are potential IHSS income eligibles.

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294 A (IHSS Income Eligibility-Adult) and SOC 294 C (IHSS Income Eligibility-Child).

#### 1. SOC 294 A:

- A. Change allowances in Column B, row 2a to \$163.00
- B. Change allowances in Column B, row 6 to \$163.00
- C. Change allowances in Column B, row 19 to \$163.00

#### 2. SOC 294 C:

- A. Change allowances in Column A, row 2a to \$163.00
- B. Change allowances in Column A, row 6b(1) and 6b(2) to(1) \$650.00 and (2) \$976.00, respectively.
- C. Change allowances in Column A rows 7b and 8i to (1) \$325.00 and (2)\$488.00, respectively.

If you have any questions, please contact your Adult and Family Services Programs Operations Consultant at (916) 322-6671.

Députy Director

Adult and Family Services

cc: CWDA

## IHSS INCOME ELIGIBILITY - CHILD

Name	······			С	ase	No	Month	Month					
PARENT							RECIPIENT						
A. Income deemed to a blind or disabled child living a     18 -21 and in school.				at home who is under 18 or			IHSS share of cost computation for blind or disor $18-21$ , in school and living at home.	abled child who is under 18					
Income of parent and parent and parent is aged, blind or contact the second sec	e	Unearned Earned				Unearned	Earned						
1. Gross income		\$	\$	- 1.	Income deemed to child (from A6d, A7d, A8)	med to child .(from A6d, A7d, A8)							
2. Allowance for children not blind or disabled a. Children's needs \$ 163 \$ 163 \$ 163.						7	or A9)**	\$					
b. Children's income \$ \$						2.	Unearned income (list) (Do not show exempt	VIIIII					
b. Children's income				1	income)	<i>\\\\\\</i>							
c. Net needs (a minus b)	\$ \$	5	\$			1	a.	s					
d. Total allowance (add /	A2c's)		·	s		7	b.	s					
3. Remaining unearned inco	me (A1 m	inus A2	?d)	\$			c.	s					
4. Unmat children's needs (I	If A2d is gr	reater ti	nan A1		, , , , , , , , , , , , , , , , , , ,	3.	Total unearned income (B1 plus B2)	\$					
unearned, enter the differ	rence)				\$	4.	Any income exclusion	\$ 20					
5. Remaining earned income	: {A1 minu	ıs A4}			\$	5.	Net unearned income (B3 minus B4)	\$					
6. If remaining income is EA					//////	6.	Earned income (Do not show exempt income)	1//////	\$				
a. \$85 exclusion					\$ 85	7.	Unused \$20 exclusion (If B4 is greater than B3,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>					
b. Allowance for parent a	and spouse						enter the difference)						
(1) \$650. (2) \$ 97	•				\$	8.	Earned income exclusion		\$ 65				
c. Total exclusions (A6a)					\$	<del> </del> -	Total exclusions (87 plus 88)		g:				
d. Income deemed to chi		us A6c	)		\$	<b>}</b>	Remaining earned income (86 minus 89)		\$				
7. If remaining income is UI	~				11/1///	<del> </del>	Net earned income (B10 X ½)		\$				
a. Any income exclusion				\$ 20		12.	· · · · · · · · · · · · · · · · · · ·		\$				
b. Allowance for parent a	and spause					1	Total net earned income (B11 minus B12)		s				
(1) \$325. (2) \$ 48				\$		-	Total countable income (85 plus 813)	\$ s					
c. Total exclusions (A7a				\$			SSI/SSP payment level	\$					
d. Income deemed to shill				\$		-			4+4				
8. If income is UNEAPNED						16.	IHSS share of cost (B14 minus B15)	\$					
a. Any income exclusion				\$ 20				aker seems :					
b. Net unearned income (A3 minus A8a)				\$									
c. Unused \$20 exclusion (If A8a is greater than			1/////	the first of the f				:					
A3, enter the difference)				\$				<u> </u>					
d. Earned income exclusion				<b>\$</b> 65	**	Nickey 16 mans show 1 attacks while studie decrease							
d. Earned income exclusion e. Total exclusions (A8c plus A8d) f. Earned income (A5 minus A8e)				\$	** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.								
				\$									
f. Earned income (A5 minus A8e) g. Net earned income (A8f X ½) h. Total income (A8b plus A8g)				\$ s									
				\$									
h. Total income (A8b plus A8g)  i. Allowance for parent and spouse													
i. Allowance for parent and spouse (1) \$ 325. (2) \$ 488.				\$									
). Income deemed to child (A8h minus A8i)  Income of parent(s) where one or both are aged.													
Income of parent(s) where one or both are aged, Plind or disabled.													
· (*****)   1,871.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				tender de Land Land									
2. Parentis) income to excess of SSI/SSP payment					#								

SSI/SSP Payment Standards January 1, 1985 - December 31, 1985

						A STATE OF THE PROPERTY OF THE						
	and white were remaining to the best of the second of the	restrates to the state of the s					SSI/SSP					
	Inc	Independent Living Arrangement	Living		Household Of Another	ı P	Inder Arr. Cooki	Independent Living Arrangement W/O Cooking Facilities	living W/O Lities	Non- Board	Non-Medical bard and Care <sup>a</sup> /	. , <del>a</del>
	Total	SSI	SSP	Tota1	ISS	SSP	Total	SSI	SSP	Total	SSI	SSP
INDIVIDUAL: Aged or Disabled Blind Disabled Minor	504.00 565.00 399.00	325.00 325.00 325.00	179.00 240.00 74.00	395.67 456.67 290.67	216.67 216.67 216.67	.179.00 240.00 74.00	558.00	325.00		569.00	325.00	244.00
COUPLE: Aged or Disabled									•	• • • • • • • • • • • • • • • • • • • •	323.00	744.00
- per couple	936.00	488.00	448.00	773.34	325,34	448.00	1045.00	488,00	557.00	1138.00	00 887	650 00
- per person	468.00	244.00	224.00	386.67	162.67	224.00	522,50	244,00	278.50	269.00	244.00	325.00
Blind												
<ul><li>per couple</li><li>per person</li></ul>	1099.00 549.50	488.00 244.00	611.00	936.34 468.17	325.34 162.67	611.00 305.50	• •	* * * * * * * * * * * * * * * * * * *	• •	1138.00	488.00	650.00
Blind/Aged or Disabled												
<ul><li>per couple</li><li>per person</li></ul>	1037.00	488.00 244.00	549.00 274.50	874.34 437.17	325.34 162.67	549.00 274.50	: :	• •	• •	1138.00	488.00 244.00	650.00 325.00
a/ Non-Medical Board and Care	ard and Ca		Minimum	Maximum	m H		Appropriate to the state of the	The state of the s				
Total  Board and Room  Care and Supervision  Personnel and Incidental  Needs	rision	• • • • • • • • • • • • • • • • • • • •	569 243 209 117	569 243 260 66								,

## IHSS INCOME ELIGIBILITY - ADULT

RECIPIENT  A. Income of ayad, juined or disabled individual and stowne who is not specify an apout the property of the propert	Name Case No					Month							
### A continue of algorithms of disabled, also complete Part 8)    Unisamed Recome (list) (Do not allow exempt income)   S   S   S													
Uncarred income (list) (Do not show exempt income)   1. Income of client's sonue*   5   \$   \$	Α.		В.	aged, blind or disabled.									
1. Uncommed (lins) (Do not show exempt income)  2. Allowance for children not blind or disabled.  3. Children's needs \$ 1,63,1,63,1,63,1,63,1,63,1,63,1,63,1,63		spotse not agod,			UNEARNED	EARNED							
8. A. Children's need: 1. S. C. Children's need: 2. Allowance for children not blink or disabled. 3. A. Children's need: 3. A. Children's need: 4. Children's need: 5. S.		Hearmed income (list) (Do not show exempt	1.	Income of client's spou	\$	\$							
a. 5. b. 6. c.	١.				2.	Allowance for children	not blir	nd or dis	abled.				
b. Children's income* \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			\$		1	a. Children's needs	\$ 62.	\$ 63.	\$163.				
c. Not needs (a - b) s s s    3. Any income exclusion			<del> </del>		1	b. Children's income*			T				
2. Total unearmed income (A1 to A1c) \$			\$		-	c. Net needs (a – b)	\$	\$	\$				
3. Any income oxelusion 4. Not unearmed income (AZ minus A3) 5. Eyrand income (Da not show exempt income) 5. Eyrand income (Da not show exempt income) 6. Unused \$20 exclusion (11 A3 is greater than A2, who is greater than A2, and a single difference) 7. Earned income exclusion 8. Total exclusions (AS dus A7) 9. Remaining earned income (AS minus A8) 9. Remaining earned income (AS minus A8) 10. Not semand income (AS minus A8) 11. Other earned income (AS minus A1) 12. Total end earned income (A4 prius A12) 13. Total equal to release the semand income (A4 prius A12) 14. Total equal to or loss than \$16.3, A13 is entered in C1 15. Total earned income (A4 prius A12) 15. Total earned income (A4 prius A12) 16. Not semand income (From A2 and A5) 17. His Scient's income (From A2 and A5) 18. Income of socupie (S3 plus B7 unearmed) 19. Remaining earned income (B8 minus B1) 19. Not unearmed income (B8 minus B1) 10. Not unearmed income (B8 minus B1) 11. Unused \$20 exclusion (B8 is greater than B8 unearmed income (B8 minus B1) 12. Total equal to come (B8 minus B1) 13. Total equal to come (B1 minus B1) 14. Remaining earned income (B8 minus B1) 15. Earned income exclusion 16. Other earned income (B1 minus B1) 17. Total not earned income (B1 minus B1) 18. Total countable income (B1 minus B1) 19. Remaining earned incom					1	d. Total allowance (add	B2 c's	)	<u></u>	\$			
4. Unmet children's needs (If \$2d is greater than A3) 5. Farmed income (Do not show exempt income) 6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference) 7. Earned income exclusion 8. Unused \$20 exclusion (If A3 is greater than A2, enter the difference) 8. Fortile exclusions (A6 plus A7) 9. Remaining samed income (A5 minus A8) 10. Note earned income (A8 X %) 11. Otter earned income (A8 X %) 12. Total exclusions (IA6 plus A12) 13. Total countable income (A4 plus A12) 14. Remaining samed income (A7 plus A12) 15. Total countable income (A9 plus A12) 16. Net unerned income (A8 plus A12) 17. Total exclusions (IA6 plus A12) 18. Income of couple (B3 plus B7 unearned, income (From A2 and A5) 19. Remaining samed income (A8 x %) 19. Remaining samed income (A9 x %) 19. Remaining samed income (A9 x %) 19. Remaining samed income (A9 x %) 19. Remaining samed income (A10 minus A11) 19. Remaining samed income (A10 x %) 10. Net earned income (A10 x %) 10. Net earned income (B10 x %) 10. Net unearned income (B1 plus B1) 10. Remaining samed income (B1 x %) 11. Unused \$20 exclusions (B1 plus B13) 12. Earned income (B1 x %) 13. Total exclusions (B1 plus B13) 14. Remaining samed income (B1 x %) 15. Net samed income (B1 x %) 16. Other samed income (B1 x %) 17. Total income (B1 x %) 18. Total countable income (B1 x %) 18. Total countable income (B1 x minus B16) 19. Needs of spouse 10. Net countable income (B1 x minus B16) 10. Net countable income (B1 x minus B16) 10. Net countable income (B1 x minus B16) 11. Countable income (B1 x minus B16) 12. Shafe of cost (C1 minus C2)** 18. Shafe of cost (C1 minus C2)**			+		3.	Remaining unearned in	come (	B1 minu	s B2d)	\$			
5. Earned income (Do not show exempt income) 6. Unused \$20 exclusion (If A3 is greater than A2, who the difference) 7. Earned income exclusion 8. Total exclusions (A6 dus A7) 9. Remaining earned income (A5 minus A8) 10. Ottor earned income (A2 X) 11. Ottor earned income (A2 X) 11. Ottor earned income (A2 M) 13. Total countable income (A4 plus A12) 13. Total countable income (A4 plus A12) 14. Remaining earned income (A6 minus A11) 15. If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form \$0C 294C, Line B16.  15. If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form \$0C 294C, Line B16.  16. Net earned income (B15 minus B13) 17. Total accountable income (B15 minus B13) 18. Net earned income (B15 minus B16) 19. Net earned income (B15 minus B16) 10. Net carned income (B15 minus B16) 11. Ottor carned income (B15 minus B16) 12. Earned income (B15 minus B16) 13. Notal countable income (B15 minus B16) 14. Remaining earned income (B15 minus B16) 15. Net earned income (B15 minus B16) 16. Other earned income (B15 minus B16) 17. Total income (B15 minus B16) 18. Total countable income (B15 minus B19) 18. Other countable income (B18 minus B19) 19. Net countable income (B18 minus B19) 10. Net countable income (B18 minus B19) 11. Countable income (B18 minus B19) 12. SHARE OF COST 13. Countable income (B18 minus B19) 13. HSS share of cost IC1 minus CC2** 14. Remaining earned income (B18 minus B19) 15. Net countable income (B18 minus B19) 16. Other earned income (B18 minus B19) 17. Total income (B18 minus B19) 18. Other countable income (B18 minus B19) 18. Other countable income (B18 minus B19) 19. Net countable income (B18 minus B19)			<u></u>					//////					
5. Permatring samed income (81 minus 84)  5. Remaining samed income (81 minus 84)  7. Earned income exclusion  8. Total exclusions (16 Aplus A7)  9. Remaining samed income (81 minus 85)  10. Net samed income (82 minus 85)  11. Office samed income deductions  12. Total net samed income (A10 minus A11)  13. Fotal countable income (A4 plus A12)  14. Remaining samed income (88 minus 85)  15. Permaining samed income (81 minus 84)  15. Remaining samed income (81 minus 84)  16. Net samed income (81 minus 84)  17. It greater than \$ 163, complete B7 through  18. Income of couple (83 plus 87 unearned,  18. Sp plus 87 exmed)  18. Income of couple (83 plus 87 unearned,  19. Sp plus 87 unearned,  19. Any income exclusion  10. Net unearned income (88 minus 89)  11. Unused \$20 exclusion (11 89 is greater than 88 unearned, enter the difference)  12. Earned income exclusion  13. Total exclusions (811 plus 812)  14. Remaining samed income (88 minus 813)  15. Net samed income (88 minus 813)  15. Net samed income (814 x %)  16. Other samed income (818 minus 813)  17. Total reactions (811 plus 812)  18. Total countable income (815 minus 816)  19. Needs of spouse  10. Net unearned income (815 minus 816)  10. Other samed income (815 minus 816)  11. Unused \$20 exclusions (815 minus 816)  12. Silvas payment income (816 minus 817)  13. Total exclusions (815 minus 816)  14. Remaining samed income (815 minus 816)  15. Net samed income (815 minus 816)  16. Other samed income (815 minus 816)  17. Total net earned income (816 minus 819)  18. Total countable income (818 minus 819)  19. Needs of spouse  19. Necountable income (816 minus 819)  19. Needs of spouse  19. Net countable income (816 minus 819)  10. Silvas share of cost (C1 minus C2)**  10. Silvas share of cost (C1 minus C2)**		·	1						\$				
### of there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be the amount determined in SOC 294C, Line 816.  ### of the share of cost will be sh		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.				4)		\$				
The seared income exclusion  Total exclusions (AS nius AP)  Pemaining earned income (AS X Xi)  Net serned income (AS X Xi)  Total exclusions (AS nius AP)  S  Any income exclusion  S  Any income exclusion  S  Total exclusions (BI nius BP)  The share of cost will be the amount determined in SOC 294C, Line AP). The share of cost will be the amount determined in SOC 294C, Line B16.  Total exclusions (BI nius BP)  Total exclusions (BI nius BB)  Total exclusions (B	6.		<b>}</b>										
## If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in S0C 294C, Line B16.  ** If there is also a blind or disabled child in S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in S0C 294C, Line B16.  ** If there is also a blind or disabled child in S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount determined in S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount determined in S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be the amount on Form S0C 294C, Line B16.  ** If there is also a blind or disabled child in the family, the share of cost will be family and the family and t			<i>\{{}}</i>		.1								
9. Remaining earned income (AS minus AB) 10. Net usered income (AS X X) 11. Other earned income (AS minus A11) 12. Total net earned income (A10 minus A11) 13. Yotal countable income (A4 plus A12) 14. Remaining earned income (A8 plus B7 uncarned, B5 plus B7 earned) 15. Net uneerned income (A4 plus A12) 15. Net uneerned income (BB minus B9) 16. Net uneerned income (BB minus B9) 17. Unused \$20 exclusion (If B9 is greater then B8 unearned, enter the difference) 18. Earned income exclusion 19. Net uneerned income (BB minus B13) 11. Unused \$20 exclusion (If B9 is greater then B8 unearned, enter the difference) 12. Earned income exclusion 13. Total exclusions (B11 plus B12) 14. Remaining earned income (B8 minus B13) 15. Net serned income (B14 X X) 16. Other earned income (B14 X X) 16. Other earned income (B14 X X) 17. Total net earned income (B15 minus B18) 18. Total countable income (B16 minus B18) 19. Needs of spouse 10. Net uneerned income (B16 minus B18) 11. Unused \$20 exclusion (B17 plus B12) 12. Earned income (B14 x X) 13. Net serned income (B14 x X) 14. Remaining earned income (B14 x X) 15. Net serned income (B14 x X) 16. Other earned income (B16 minus B18) 17. Total net earned income (B16 minus B18) 18. Total countable income (B16 minus B18) 19. Needs of spouse 19. Net countable income (B18 minus B19) 19. Needs of spouse 10. Net uneerned income (B16 minus B18) 10. Net uneerned income (B16 minus B18) 11. Unused \$20 exclusion (B18 minus B18) 12. Earned income (B16 minus B18) 13. Total exclusions (B11 plus B12) 14. Remaining earned income (B16 minus B18) 15. Net serned income (B16 minus B18) 16. Other earned income (B16 minus B18) 17. Total net earned income (B16 minus B18) 18. Total countable income (B16 minus B18) 19. Needs of spouse 19. Net countable income (B17 minus B18) 19. Needs of spouse 10. Net uneerned income (B18 minus B18) 19. Needs of spouse 19. Net serned income (B18 minus B18) 19. Net s		······································	-										
\$ 820 \$  11. Other earned income deductions \$ 7. IHSS client's income (From A2 and A5) \$ \$  12. Total net earned income (A10 minus A11) \$ 8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned) \$ \$  13. Total countable income (A4 plus A12) \$ 9. Any income exclusion \$ \$20 \$  14. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference) \$ \$  15. Net unearned, enter the difference \$ \$  16. Net earned income (B4 x x) \$ \$  17. Total exclusions (B11 plus B12) \$ \$  18. Net earned income (B14 x x) \$ \$  19. Net earned income (B18 minus B13) \$ \$  10. Net earned income (B14 x x) \$ \$  11. Notal exclusions (B11 plus B12) \$ \$  12. Earned income (B14 x x) \$ \$  13. Total exclusions (B11 plus B12) \$ \$  14. Remaining earned income (B18 minus B18) \$ \$  15. Net earned income deductions \$ \$  16. Other earned income (B16 plus B17) \$ \$  18. Total countable income (B10 plus B17) \$ \$  19. Needs of spouse \$ \$ \$  19. Needs of spouse \$ \$ \$  19. Needs of spouse \$ \$ \$  20. Net countable income (B18 minus B19) \$ \$  21. Earned income (B18 minus B19) \$ \$  22. SSI/SSP payment level \$ \$  33. IHSS share of cost IC1 minus C21**			-		comple	sta 87 ti	ารถมากก						
11. Other earned income (AS X y)  12. Total net earned income (A10 minus A11)  13. Total countable income (A4 pius A12)  \$ 8. Income of couple (B3 plus B7 unearned, B5 plus B7 unearned, B5 plus B7 earned)  \$ 9. Any income exclusion  10. Net unearned income (B8 minus B9)  11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)  12. Earned income (B8 minus B13)  13. Total exclusions (B11 plus B12)  14. Remaining earned income (B8 minus B13)  15. Net earned income (B8 minus B13)  16. Other earned income (B15 minus B16)  17. Total net earned income (B15 minus B16)  18. Total countable income (B15 minus B16)  19. Needs of spouse  19. Net countable income (B10 plus B17)  19. Needs of spouse  10. Net unearned, enter the difference)  11. Unused \$20 exclusion (If B9 is greater than B8 unearned, B11 plus B12)  12. Earned income (B11 plus B12)  13. Total exclusions (B11 plus B12)  14. Remaining earned income (B8 minus B13)  15. Net earned income (B18 minus B16)  16. Other earned income (B15 minus B16)  17. Total net earned income (B15 minus B16)  18. Total countable income (B10 plus B17)  19. Needs of spouse  20. Net countable income (B18 minus B19)  21. SSI/SSP payment level  22. SSI/SSP payment level  33. IHSS share of cost (C1 minus C2)**  34. Worker  25. Date	9,	Remaining earned income (A5 minus A8)	1//////		┨  ̄	-	e somen	JEO 151 1.		e			
(2. Total not earned income (A10 minus A11)  \$		· · · · · · · · · · · · · · · · · · ·	<u> </u>		A	2 and Al		<del> </del>					
13. Total countable income (A4 plus A12) \$  B5 plus B7 earned) \$  \$  9. Any income exclusion \$20  10. Net unearned income (B8 minus B9) \$  11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference) \$  12. Earned income exclusion \$655  13. Total exclusions (B11 plus B12) \$  14. Remaining earned income (B8 minus B13) \$  15. Net earned income (B14 x ½) \$  16. Other earned income (B14 x ½) \$  17. Total net earned income (B15 minus B16) \$  18. Total countable income (B10 plus B17) \$  19. Needs of spouse \$  20. Net countable income (B18 minus B19) \$  2. SSI/SSP payment level \$  3. IHSS share of cost (C1 minus C2)**  Worker Date					<b>-</b>					*	*		
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** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line B16.  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line B16. Other earned income (B15 minus B16)  ** Total net earned income (B15 minus B16)  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line B16. Other earned income (B15 minus B16)  ** Total net earned income (B16 minus B16)  ** If there is also a blind or disabled child in the family, the shere of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line B16. Other earned income (B16 minus B16)  ** Total net earned income (B16 minus B16)  ** If there is also a blind income (B16 minus B16)  ** Total net earned income (B16 minus B16)  ** If the earned income (B16 minus B16)						.)		<i>\}}}</i>	\$				
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